

South Carolina State Treasurer's Office

State of South Carolina Electronic Vendor Payments

General Information

The South Carolina State Treasurer's Office, (the State), is offering a payment alternative to vendors. Vendors may choose to have payments directly deposited to a bank account rather than having a State Treasurer's Office Contingency Check issued to them. Effective July 2, 2001 the State will use the Corporate Trade Exchange (CTX) Automated Clearing House (ACH) format to directly deposit payments into a participating vendor's bank account. The State Treasurer's Office may provide remittance information, in the CTX addenda records as an ANSI X12 820 Payment Order/Remittance Advice transaction set necessary for the payee to identify what the payment is for and which South Carolina State Agency is making the payment.

The remittance data may contain:

- *Customer Reference Number* (which will be used as a memo field to describe what the payment is for or the Customer Account Number)
- *Invoice Number*
- *Invoice Date*
- *Invoice Amount*

The State WILL NOT provide a vendor/payee with a notification of deposit. The remittance data will be provided to your financial institution and it will be their responsibility to provide their customer (the payee) with the remittance data contained in the ANSI X12 820 Payment Order/Remittance Advice transaction set in the CTX addenda records. Please contact your financial institution before you make the decision to receive Electronic Vendor Payments as to the notification method (fax, e-mail, Internet on-line banking service, etc.) that would best suit your informational needs.

In order to accomplish our goal of directly depositing payments to a payee's bank account and providing information to the payee as to what the payment is for, we require South Carolina State Agencies to provide certain information in a particular way. Some State Agencies will not have the ability to provide the State with information necessary to process the payment electronically. This means that once you sign up for electronic vendor payments with the State you may not receive all of your payments electronically from the State. If our information requirements from State Agencies are not met, the vendor will be issued a State Contingency check.

How to Participate

In order to participate in the Electronic Vendor Payment Program, vendors must be on the South Carolina Comptroller General's Vendor File. You are on this file if you have received a Contingency Check from the South Carolina State Treasurer's Office within the past year. Contact the State Agency you are to receive a payment from if whether you are unsure you are on the Vendor File. Also, The State Treasurer's Office must have a completed SOUTH CAROLINA STATE TREASURER'S OFFICE AUTHORIZATION AGREEMENT AND ENROLLMENT FORM FOR ELECTRONIC VENDOR PAYMENT AND REMITTANCE ADVICE (STO FORM 4), on file from a Vendor/Payee. The Vendor/Payee must agree to the terms and conditions as described on STO FORM 4.

For further information

Contact any State Agency that you would receive a Contingency Check from or write:

The South Carolina State Treasurer's Office
Attn: Electronic Vendor Payment Program
P O Drawer 11778
Columbia, SC 29211

Or call (803) 734-2101 and ask for the Accounting Department.

**SOUTH CAROLINA STATE TREASURER'S OFFICE
AUTHORIZATION AGREEMENT AND ENROLLMENT FORM
FOR ELECTRONIC VENDOR PAYMENT AND REMITTANCE ADVICE**

By signing this form, I authorize the State of South Carolina (hereinafter "the State") to initiate electronic credit entries to a checking or a savings account indicated below at the financial institution identified below. I understand that payments and reimbursements *may* be made by the State, to me or the vendor I represent and **only to the one bank account indicated**. In the event of overpayment to this bank account, I authorize the State to make an adjusting debit entry to the account up to the amount of the overpayment. I may revoke or cancel this authorization and enrollment by notifying the SC State Treasurer's Office in writing at least fifteen (15) days prior to termination. **Any change** to the bank account or to a new financial institution will require a **new SOUTH CAROLINA STATE TREASURER'S OFFICE AUTHORIZATION AGREEMENT AND ENROLLMENT FORM**. Failure to notify the SC State Treasurer's Office of an account change will delay payment.

Return completed form to the following address:

South Carolina State Treasurer's Office
Attn: Electronic Payment Enrollment Form
PO Drawer 11778
Columbia, SC 29211

Instructions:

1. Vendor/payee must complete Sections 1 and 2. Then send form to your financial institution.
2. Vendor/payee's financial institution must complete section 3. Then keep a copy and return original form to the vendor/payee.
3. Vendor/payee must keep a copy of the completed form and send the original to the SC State Treasurer's Office at the address indicated to the left. When folded correctly this form will fit into a Standard No. 10 windowed envelope.

FOLD ALONG THIS LINE

SECTION 1 - Vendor Identification Number (VIN) (TO BE COMPLETED BY THE PAYEE)

Employer Identification Number (EIN)	OR	Social Security Number (SSN)
For Businesses: Enter the EIN as reported to the South Carolina Comptroller General's Office on Form W-9 .		For Individuals Enter the SSN as reported to the South Carolina Comptroller General's Office on Form W-9 .

SECTION 2 - Vendor/Payee Information (TO BE COMPLETED BY THE PAYEE)

Please Print Or Type	Name Of Payee as Shown on the Bank Account	Contact Person Name
	Business Name, If Different From Above	Contact Signature
	Address, (Number & Street & Apt. No. or PO Box No. & Suite No.)	Contact Telephone No. (Include Area Code)
	City, State And ZIP Code	Date
	Depositor Account Number (Up to Seventeen (17) Positions)	
	TRANSIT CODE	22 – Checking Account 32 – Savings Account

SECTION 3 - Financial Institution Information (TO BE COMPLETED BY THE FINANCIAL INSTITUTION)

Financial Institution Name and Address	Bank ABA Number (Nine Positions)
	Account Title
Financial Institution Certification I confirm the identity of the above named Vendor/Payee and the account number and title. As representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit electronic credit entries from the State.	
Print or Type Representative's Name	Signature of Representative
	Telephone No. (Include Area Code) Date